

AUTO CR - LOG SUMMARY #1076237

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member responded to a burglary in progress at a residence and upon approach heard noise in a garage. After numerous verbal commands for the offender to exit the garage the offender exited with a large screwdriver in hand charging at witness officer (Schmid). At which time an emergency takedown was performed but the offender continued to resist. The involved deployed his taser striking the offender. The offender was transported to [REDACTED]	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	JEROME, DON J	57	[REDACTED]	009 /	LIEUTENANT OF POLICE	M	WHI	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
21-JUL-2015 03:09 - 21-JUL-2015 03:09	[REDACTED]	0915	009	092 - ALLEY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				M	WHI	[REDACTED]	
CPD Employee	Involved Member	DURON, ERIC F	16829	[REDACTED]	009 /	POLICE OFFICER	M	WWH	
CPD Employee	Involved Member	CALDERON JR, GERARDO	17623	[REDACTED]	009 /	POLICE OFFICER	M	WWH	
CPD Employee	Witness	SCHMID, STEVE A	3625	[REDACTED]	009 /	POLICE OFFICER	M	WHI	
CPD Employee	Witness	BARWARI, HORMIZ	11242	[REDACTED]	009 /	POLICE OFFICER	M	WHI	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	OTHER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	
Non Disciplinary Intervention:	N	Pursuit Related?	
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-SEP-2015 05:53	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
CLOSED AT C.O.P.A.	24-SEP-2015 05:51	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	29-JUL-2015 09:01	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-JUL-2015 08:47	PFEIFER, ADAM	INVESTIGATOR I COPA	113 /	
PRELIMINARY	29-JUL-2015 08:47	PFEIFER, ADAM	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:40	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:40	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:26	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:24	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:20	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 02:20	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 05:13	GRISSETT JR, JAMES	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GRISSETT JR, JAMES	21-JUL-2015 05:13			
	DOCUMENTS - INTAKE INCIDENT		7		N	HILL, CHANTELLE	21-JUL-2015 02:12	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Duron	N	HILL, CHANTELLE	21-JUL-2015 02:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Barwari	N	HILL, CHANTELLE	21-JUL-2015 02:17	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	HILL, CHANTELLE	21-JUL-2015 02:12	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Calderon	N	HILL, CHANTELLE	21-JUL-2015 02:15	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		3	PO Schmid	N	HILL, CHANTELLE	21-JUL-2015 02:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial # X30001H16	N	HILL, CHANTELLE	21-JUL-2015 03:21	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Schmid	N	HILL, CHANTELLE	21-JUL-2015 02:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial # X30001R7A	N	HILL, CHANTELLE	21-JUL-2015 03:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Calderon	N	HILL, CHANTELLE	21-JUL-2015 02:14	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 21-JUL-2015) - LOG #1076237

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	JEROME, DON J	57		009 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	OTHER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	
Non Disciplinary Intervention:	N	Pursuit Related?	
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	21-JUL-2015 05:13	GRISSETT JR, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-SEP-2015 05:53	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
CLOSED AT C.O.P.A.	24-SEP-2015 05:51	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
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PRELIMINARY	21-JUL-2015 03:40	HILL, CHANTELE	INVESTIGATOR I COPA	113 /	
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PRELIMINARY	21-JUL-2015 03:24	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 03:20	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 02:20	HILL, CHANTELLE	INVESTIGATOR I COPA	113 /	
PRELIMINARY	21-JUL-2015 05:13	GRISSETT JR, JAMES	POLICE OFFICER	116 /	

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 915	Male	NO PICTURE AVAILABLE
	Res: [REDACTED]		White	
	DOB: [REDACTED]		6' 02"	
	AGE: 33 years		185 lbs	
	POB: Illinois		Blue Eyes	
	DLN: [REDACTED]		Brown Hair	
	ARMED WITH Lethal Cutting Instrument		Short Hair Style	
			Light Complexion	

INCIDENT	Arrest Date: 21 July 2015 03:09	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 915		DCFS Ward ? No	
	092 - Alley		Dependent Children? No		
	Holding Facility: District 009 Lockup				
	Resisted Arrest? Yes				

CHARGES			Victim	IR #	CB #
1	Offense As Cited	720 ILCS 5.0/19-3-A BURGLARY - RESIDENTIAL Class 1 - Type F	[REDACTED]		
2	Offense As Cited	520 ILCS 5.0/1.22 RESIST/OBSTRUCT OFFICER Class A - Type M	State Of Illinois, P.O. Schmidt #3625		
3	Offense As Cited	520 ILCS 5.0/1.22 RESIST/OBSTRUCT OFFICER Class A - Type M	State Of Illinois, P.O. Calderon #17623		
4	Offense As Cited	720 ILCS 5.0/12-3-A-1 BATTERY - CAUSE BODILY HARM Class A - Type M	State Of Illinois, P.O. Schmidt #3625		
5	Offense As Cited	720 ILCS 5.0/12-3-A-1 BATTERY - CAUSE BODILY HARM Class A - Type M	State Of Illinois, P.O. Calderon #17623		
6	Offense As Cited	520 ILCS 5.0/1.22 RESIST/OBSTRUCT OFFICER Class A - Type M	State Of Illinois, P.O. Bawari #11242		
7	Offense As Cited	520 ILCS 5.0/1.22 RESIST/OBSTRUCT OFFICER	State Of Illinois, P.O. Duron #16829		



ARREST REPORTING

Class A - Type M

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED



ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Schmidt #3625

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat: 915

Male

Injured? No Deceased? No

White

DOB:

Hospitalized? No

Age: 48 years

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Calderon #17623

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Bawari #11242

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Duron #16829

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

Vehicle:

VEHICLE IMPOUNDED: Yes

2005 Automobile - Dodge - Grand Caravan - Hardtop, 4-Door

VIN#

Lic#:

IL

Color: Maroon Or Burgundy (Top) / Maroon Or Burgundy (Bottom)

Inv#:

Pound#:

Disposition:

NON-OFFENDER(S)

ARRESTEE
VEHICLE

ARREST REPORTING

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] IN SUMMARY, A/O'S RESPONDED TO A BURGLARY IN PROGRESS AT LISTED ADDRESS. UPON ARRIVAL, LISTED A/O'S SPOKE TO [REDACTED] (VICTIM) WHO RELATED THAT HE HEARD NOISES IN HIS GARAGE, AND OBSERVED AN UNKNOWN OFFENDER IN HIS GARAGE. A/O'S COULD OBSERVE UNKNOWN SUBJECT IN THE GARAGE, AND HE THEN TURNED THE LIGHTS OFF. A/O'S CALLED OUT TO THE OFFENDER THAT HE WAS SURROUNDED, AND GAVE VERBAL COMMANDS FOR THE OFFENDER TO EXIT THE GARAGE WITH HIS HANDS UP. THE OWNER CAME TO THE ALLEY WITH A GARAGE OPENER, AND OPENED THE GARAGE ROLL-UP DOOR. NUMEROUS VERBAL COMMANDS WERE GIVEN FOR THE OFFENDER TO COME OUT WITH HIS HANDS UP AND SURRENDER WHICH HE DID NOT COMPLY. AS THE GARAGE DOOR OPENED, OFFICER CALDERON OBSERVED A LARGE SCREWDRIVER IN OFFENDER'S HAND AND CHARGED AT OFFICER SCHMID. CALDERON BELIEVED OFFICER SCHMID WAS ABOUT TO RECEIVE A BATTERY AND FIRED HIS TASER WITH NO EFFECT. OFFENDER CONTINUED TO IGNORE VERBAL COMMANDS FROM A/OS AND RAN FULL SPEED AT OFFICER SCHMID ATTEMPTING TO KNOCK HIM OVER. FACING AN ACTIVE RESISTER WITH A DANGEROUS WEAPON, OFFICER CALDERON DEPLOYED HIS TASER AT LISTED OFFENDER AGAIN. THE OFFENDER DROPPED THE SCREWDRIVER, BUT CONTINUED TO PUSH, AND SWING HIS ARMS IN AN ATTEMPT TO ESCAPE ARREST. AN EMERGENCY TAKEDOWN WAS PERFORMED AT THIS TIME BY OFFICERS SCHMID AND BARWARI. THE OFFENDER STILL DID NOT STOP RESISTING, AND KICKED OFFICER CALDERON IN THE LEG. AT THIS TIME, OFFICER DURON DEPLOYED HIS TASER STRIKING THE OFFENDER. THE OFFENDER CONTINUED TO STRUGGLE DESPITE NUMEROUS VERBAL COMMANDS TO STOP RESISTING. AGAIN, OFFICER DURON DEPLOYED HIS TASER STRIKING OFFENDER. THE OFFENDER SHOUTED "I GIVE UP." A/O SCHMID AND BAWARI ATTEMPTED TO HANDCUFF OFFENDER, BUT OFFENDER STILL PULLED HIS ARMS UNDER HIS BODY. A/O'S WERE ABLE TO HANDCUFF OFFENDER, LATER KNOWN AS [REDACTED] (OFFENDER). A/O'S NOTICED OFFENDER WAS WEARING BLACK WINTER GLOVES (INVENTORY # [REDACTED]). THE LISTED SCREWDRIVER (INVENTORY # [REDACTED]) WAS IDENTIFIED BY [REDACTED] (VICTIM) AS ONE OF HIS TOOLS FROM HIS GARAGE. [REDACTED] (VICTIM) WAS OUTSIDE AND OBSERVED INCIDENT. [REDACTED] (VICTIM) ALSO RELATED TO A/O'S THAT THE LISTED CONTENTS OF HIS GARAGE HAD BEEN REARRANGED AND STACKED BY THE ROLL-UP DOOR OF HIS GARAGE, STAGED BY OFFENDER. VICTIM STATED THAT HE DID NOT KNOW OFFENDER NOR DID HE GIVE HIM PERMISSION TO BE INSIDE OF HIS GARAGE AND SIGNED COMPLAINTS. CFD AMBO #5 ARRIVED ON SCENE TO TREAT OFFENDER, AND HE WAS TRANSPORTED TO [REDACTED] FOR OBSERVATION UNDER THE CARE OF [REDACTED] HE WAS RELEASED, AND TRANSPORTED INTO 009 FOR FURTHER PROCESSING. AREA CENTRAL DET. LEWIS #20260 WAS NOTIFIED AT APPROX. 03:30. SGT. CORLETT #2312, BEAT 920R WAS NOTIFIED ON SCENE. LT. JEROME #907, BEAT 990 WAS NOTIFIED AT APPROX. 03:31. BEAT 5813, E.T. BEAM #18853 ARRIVED ON SCENE TO PROCESS IT AS WELL AS TAKE PHOTOGRAPHS. BEAT 5813 RELOCATED TO THE 009TH DISTRICT TO PHOTOGRAPH OFFENDER. DET. MATUAL #20964, BEAT 5109A ARRIVED IN THE 009TH DISTRICT STATION IN FURTHERANCE OF THIS INVESTIGATION. OFFENDER HAS NO TWO D.O.A. INV. ALERTS/WARRANTS CLEAR. OFFENDER IS NOT IN A GANG PER GANG CARD SEARCH. OFFENDER HAS AN SSL NUMBER OF 15. OFFENDER IS NOT ON PROBATION/PAROLE.

OTHER INV. # [REDACTED] (CALDERON TASER CARTRIDGES)

OTHER INV. # [REDACTED] (DURON TASER CARTRIDGES)

Desired Court Date: 28 July 2015
Branch: 48-2 155 W 51ST ST - Room
Court Sgt Handle? No

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #16829 DURON, E F 21 JUL 2015 10:36

ARRESTING OFFICER(S):

1st Arresting Officer: #16829 DURON, E F Beat 0925R

2nd Arresting Officer: #17623 CALDERON JR, G Beat 0925R

APPROVING SUPERVISOR:

Approval of Probable Cause : #1959 MOSQUERA, J R 21 JUL 2015 10:45

REPORTING PERSONNEL

ARREST PROCESSING REPORT

Holding Facility: District 009 Lockup

Received in Lockup:

Prints Taken:

Palmprints Taken:

Photograph Taken:

Released from Lockup:

Time Last Fed:

Time Called:

Phone#:

Cell #:

Transport Details : 2PO

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Assisting Arresting Officer:	#11242	BARWARI, H	0924R
Assisting Arresting Officer:	#17660	LEMMON, D O	0922R
Assisting Arresting Officer:	#3625	SCHMID, S A	0924R
Assisting Arresting Officer:	#3871	INNISS, C J	0922R

APPROVAL PERSONNEL:

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID [REDACTED]
EVENT [REDACTED]

INCIDENT	ASSIGNED TO FIELD		
	IUCR: 0453 - Battery - Aggravated Po: Other Dang Weap		
	0610 - Burglary - Forcible Entry 3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
	Occurrence Location: [REDACTED] 210 - Residence-Garage Occurrence Date: 21 July 2015 02:56	Beat: 0915	Unit Assigned: 0925R RO Arrival Date: 21 July 2015 03:03 # Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		
	Name: CALDERON, P.O.	Demographics	
	Res: 3120 S Halsted St Chicago IL 312 - 747 - 8227	Beat: 0913	Male Age: 28 Years
	Sobriety: Sober CPD Officer: No		
	VICTIM - Individual		
	Name: [REDACTED]	Demographics	
	Res: [REDACTED]	Beat: 0915	Female DOB: [REDACTED] Age: 47 Years
	Sobriety: Sober CPD Officer: No		
	VICTIM - Individual		
	Name: [REDACTED]	Demographics	
	Res: [REDACTED]	Beat: 0915	Male DOB: [REDACTED] Age: 48 Years
	Sobriety: Sober CPD Officer: No		
VICTIM - Individual			
Name: SCHMID, P.O.	Demographics		
Res: 3120 S Halsted St Chicago IL 312 - 747 - 8227	Beat: 0913	Age: 33 Years	
Sobriety: Sober CPD Officer: No			

RD # [REDACTED]

INJURY(S)	Injury Info (CALDERON,P.O. - Victim)		
	Extent: Minor		
	Contact Person: SCHMID P.O.		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Bruised	Hand/Feet/Teeth/Etc.	Other - Foot
	Injury Info (SCHMID,P.O. - Victim)		
	Contact Person: CALDERONE P.O.		

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]		Demographics
	Res: [REDACTED]	Beat: 0915	Male White 6'02, 220 lbs , Blue Eyes Brown Hair Short Hair Style Fair Complexion
			DOB: [REDACTED] Age: 33 years Birth Place: Illinois State Id [REDACTED] IL Suspected of Using: Alcohol
	Injury Info		
	Extent: Minor		
	CFD First Aid Given Yes		
	Responding Unit: 15	Ambulance	Hospital: [REDACTED]
	Physician Name: [REDACTED]		
	<u>Type</u>	<u>Weapon Used</u>	<u>Description</u>
	Other	Other Firearm	X-2 TASER

RELATIONSHIP	CALDERON, P.O.	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	SCHMID, P.O.	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

OTHER	Burglary Information	
	Premises Entered: 1	
	Where were Occupants: At Home	
	Entry Point:	Garage
	Exit Point: Garage	
	Miscellaneous	
	Victim Information Provided	
	Flash Message Sent ?	No

	Property #1	Possessor/User: [REDACTED]
	Quantity: 1	Used as Weapon? Yes Taken/Stolen? No
	Description: 12 Inch Flat Head Screw Driver	Owner: Unknown Unknown Recovered? Yes Property Type: Tools

OTHER PROPERTIES

Property #2			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$200.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Reddy Heater Pro100	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #3			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$175.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Jet Stream Air Compresor	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #4			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$50.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Black Box W/ Screws	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #5			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$550.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Dewalt Drill 4 Peice	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #6			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$20.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: 50 Ft Water Hose	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #7			Possessor/User: [REDACTED]
Quantity: 2	Estimated Value: \$35.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Air Hose	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #8			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$85.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Power Sander	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #9			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$55.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Crodless Eger	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		

OTHER PROPERTIES

Property #10			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$288.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Air Nail Gun	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #11			Possessor/User: [REDACTED]
	Estimated Value: \$150.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Drill Bits	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #12			Possessor/User: [REDACTED]
Quantity: 3	Estimated Value: \$105.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Extension Cords	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #13			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$25.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Gas Can	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #14			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$650.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: 6 Horse Power Generator	Owner: [REDACTED]	Recovered? No	
	Property Type: Tools		
Property #15			Possessor/User: [REDACTED]
Quantity: 2	Estimated Value: \$300.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Black Box Cont. Michro Phones	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #16			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$250.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Bag Dremel	Owner: [REDACTED]	Recovered? No	
	Property Type: Other		
Property #17			Possessor/User: [REDACTED]
Quantity: 1	Estimated Value: \$350.00	Used as Weapon? No	
		Taken/Stolen? No	
Description: Razor Motorcycle Mx350		Recovered? No	
	Property Type: Other		

Chicago Police Department - Incident Report

RD #: [REDACTED]

NOTIFICATIONS

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	610	Detective Area - Central	21 July 03:30	20260	LEWIS,
Other Notifications May Be In Narrative.					
Notification	277	Forensic Services Evidence Technician Section	21 July 03:30		

NARRATIVES

PERSONNEL

Reporting Officer	16829	[REDACTED]	DURON, Eric, F	[REDACTED]	21 Jul 2015 09:41	009	0925R
Detective/Investigator	20964	[REDACTED]	MATUAL, David, F	[REDACTED]	21 Jul 2015 10:35	610	


IUCR ASSOCS.

Victim	IUCR	Crime	Offender
CALDERON	0453	Battery - Aggravated Po: Other Dang Weap	[REDACTED]
SCHMID	0453	Battery - Aggravated Po: Other Dang Weap	
[REDACTED]	0610	Burglary - Forcible Entry	
[REDACTED]	0610	Burglary - Forcible Entry	

Print Generated By: CHRIS, System (CHRIS)

Page 5 of 5

21-JUL-2015 11:09



CPD 0341723

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 21-JUL-2015		TIME 03:09:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 092		4. BEAT/OCCUR 0915																	
	5. POSITION 9161		6. LAST NAME DURON		7. FIRST NAME ERIC F		8. STAR NO. 16829		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE [REDACTED]		12. HT. 508		13. WT. 170										
	14. DATE OF APPT. 01-MAY-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0925R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WHI		25. D.O.B. [REDACTED]		26. HT. 602		27. WT. 220												
							28. OTHER (SPECIFY) [REDACTED]		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																
									CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED [REDACTED]																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>					
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE														
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____																
WEAPON DISCHARGE INCIDENT			MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____														
39. DNA <input type="checkbox"/>																		40. ADDITIONAL INFORMATION									
POSITION [REDACTED]																		STAR NO. [REDACTED]		UNIT [REDACTED]							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
45. MAKE/MANUFACTURER [REDACTED]																		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]					
49. TASER DART ID NO. C62004DW5, C62004E38																		50. WEAPON SERIAL NO. (Include Letters) X30001H16		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]																		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]									
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																										
	73. REPORTING MEMBER (Print Name) DURON, ERIC F STAR/EMPLOYEE NO. 16829 SIGNATURE [REDACTED] 21-JUL-2015 05:51:05																										
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																										
	74. REVIEWING SUPERVISOR (Print Name) JEROME, DON J STAR NO. 307 SIGNATURE [REDACTED] DATE REVIEWED 21-JUL-2015 05:53:24 TIME																										

70. EVENT NO.

71. R.D. NO.

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
			45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	49. TASER DART ID NO. C62004DW5		50. WEAPON SERIAL No. (Include Letters) X30001H16		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 2		58. TOTAL NO. OF SHOTS MEMBER FIRED	
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO.	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender being treated at

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076237 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

DATE COMPLETED

TIME

21-JUL-2015 05:55:29

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

NAME (LAST - FIRST - M.I.)
CALDERON JR, GERARDO

STAR NO.
17623

DATE OF APPOINTMENT
15-JUL-2013

UNIT OF ASSIGNMENT
009

SEX
☒ 1. M ☐ 2. F

RACE
WHITE HISPANIC

DOB
[REDACTED]

HEIGHT
601

WEIGHT
185

POSITION
POLICE OFFICER

EMPLOYEE NO.
[REDACTED]

BEAT/CALL NO.
0925R

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

☒ 1. ON DUTY
☒ A. UNIFORM, PATROL DUTY
☐ B. UNIFORM, OTHER DUTY
Describe _____

☐ C. CITIZEN'S DRESS
☐ D. TACTICAL
☐ E. B.I.S. UNIT
☐ F. SPECIAL EMPLOYMENT
☐ G. OTHER _____

☐ 2. OFF DUTY
☐ 3. SPECIAL EMPLOYMENT
☐ 4. SECONDARY / OTHER

WORKING:
☐ A. ALONE
☒ B. WITH ONE PARTNER
☐ C. WITH MULTIPLE PARTNERS
How many? _____

PATROL TYPE:
☒ A. SQUAD CAR
☐ B. FOOT
☐ C. BICYCLE
☐ D. APV/MOTORCYCLE
☐ E. SQUADROL
☐ F. OTHER _____

TYPE OF ACTIVITY

☐ A. AMBUSH -NO WARNING
☐ B. TRAFFIC STOP/PURSUIT
☐ C. INVESTIGATING SUSPICIOUS PERSON
☐ D. DISTURBANCE - DOMESTIC
☐ E. DISTURBANCE - MENTAL PATIENT
☐ F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
☐ G. DISTURBANCE - OTHER
☐ H. MAN WITH A GUN
☒ I. PURSUING/ARRESTING OFFENDER (Specify)
CHARGE **720 ILCS 5.0/12-3.05-D-4-AGG BATTERY/PEACE OFFICER**
ORIGINAL CHARGE _____

☒ K. OTHER

IUCR CODE **BATTERY - AGGRAVATED**
PO: **OTHER DANG WEAP**
ORIGINAL IUCR CODE _____

TYPE OF INJURY TO OFFICER

☐ A. FATAL
☐ B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
☐ C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
☒ D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

☐ A. DAYLIGHT
☐ B. NIGHT
☐ C. DAWN
☐ D. DUSK
☒ E. ARTIFICIAL LIGHT
☐ 1. POOR
☒ 2. GOOD

INCIDENT INFORMATION

☐ 1. INDOOR
☒ 2. OUTDOOR

ADDRESS OF OCCURRENCE
[REDACTED]

CITY ☒ CHICAGO STATE (If outside Chicago)
☐

LOCATION CODE
210-RESIDENCE-GARAGE

BEAT OF OCCURRENCE
0915

DATE OF OCCURRENCE
21-JUL-2015

TIME
03:09:00

DAY OF WEEK
TUESDAY

NO. OF OFFICERS BATTERED 2

WERE THERE ASSISTING UNITS ON SCENE? 1. ☒ YES 2. ☐ NO
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 2

MANNER OF ATTACK

☐ 01. SHOT
☐ 02. SHOT AT
☐ 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
☒ 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
☐ 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):
☐ A. FIREARM CALIBER _____
☐ 1. REVOLVER
☐ 2. SEMI-AUTOMATIC
☐ 3. RIFLE
☐ 4. SHOTGUN

☐ B. VEHICLE
☐ 1. OFFICER STRUCK WITH VEHICLE
☐ 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE

☐ C. KNIFE/OTHER CUTTING INSTRUMENT

☐ D. HANDS/FISTS
☒ E. FEET
☐ F. MOUTH (SPIT, BITE, ETC.)
☐ G. VERBAL THREAT (ASSAULT)
☒ H. OTHER (SPECIFY)
/FLAT HEAD SCREW DRIVER

FIREARM USE INFORMATION

(Check all that apply):
☐ A. OFFICER AT GUNPOINT
☐ B. OFFICER'S OWN WEAPON OBTAINED
☐ C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX
☒ 1. M ☐ 2. F

RACE
WHITE

DOB
[REDACTED]

CB NO. [REDACTED]

IR NO.

WAS THE OFFENDER'S ACTIVITY:
DRUG RELATED?

☐ 1. YES
☒ 2. NO
☐ 3. UNKNOWN

GANG RELATED?
☐ 1. YES
☒ 2. NO
☐ 3. UNKNOWN

NO. OF OFFENDERS PRESENT? 1

WEATHER CONDITIONS

☒ A. CLEAR
☐ B. RAIN
☐ C. SNOW
☐ D. FOG / SMOKE / HAZE
☐ E. SLEET / HAIL
☐ F. SEVERE CROSS WIND
☐ G. OTHER
APPROXIMATE OUTDOOR TEMPERATURE: **64 °F**

CPD-11.451 (REV. 1/04)

CPD 0341727

SUBJECT WAS TRYING TO FLEE FROM GARAGE W/SCREWDRIVER IN HAND AS R/OS WERE ATTEMPTING TO PLACE OFFENDER IN CUSTODY, HE BECAME COMBATIVE.

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
CALDERON JR, GERARDO	17623	JEROME, DON J	307

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 21-JUL-2015		TIME 03:09:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 210		4. BEAT/OCCUR 0915													
	5. POSITION 9161		6. LAST NAME CALDERON JR		7. FIRST NAME GERARDO		8. STAR NO. 17623		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE [REDACTED]		12. HT. 601		13. WT. 185						
	14. DATE OF APPT. 15-JUL-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0925R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WHI		25. D.O.B. [REDACTED]		26. HT. 602		27. WT. 220								
							23. FEET, OTHER (SPECIFY) [REDACTED]		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
									CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE												
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>KICKED</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____												
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>TASER (PROBE DISCHARGE)</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____												
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION ASSAILANT CHARGED AT P.O SCHMIDT WITH FLAT HEAD SCREW DRIVER IN HAND.																		
			POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																
				41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR													
				45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]													
				49. TASER DART ID NO. C62004RYK		50. WEAPON SERIAL No. (Include Letters) X30001R7A		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]											
				54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 3		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]											
				59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
				63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
				66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
CASE INFO.	72. INFO.		NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																
SIGNATURES	73. REPORTING MEMBER (Print Name) CALDERON JR, GERARDO		STAR/EMPLOYEE NO. 17623		SIGNATURE [REDACTED]																		
	21-JUL-2015 06:54:19																						
				74. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T		STAR NO. 2312		SIGNATURE [REDACTED]		DATE REVIEWED 21-JUL-2015 06:56:10		TIME 06:56:10											

SUBJECT INFORMATION	36. CHARGES PLACED 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3-A-1, 720 ILCS 5.0/12-3-A-1, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/19-3-A	<input type="checkbox"/> DNA

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR
		45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE
	49. TASER DART ID NO. C62004RYK	50. WEAPON SERIAL No. (Include Letters) X30001R7A	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 3	58. TOTAL NO. OF SHOTS MEMBER FIRED
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	70. EVENT NO.
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR
		45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE
	49. TASER DART ID NO.	50. WEAPON SERIAL No. (Include Letters) X30001R7A	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 3	58. TOTAL NO. OF SHOTS MEMBER FIRED
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	70. EVENT NO.
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender being treated at [REDACTED]

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076237 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-JUL-2015 07:02:15

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 21-JUL-2015		TIME 03:09:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 092		4. BEAT/OCCUR 0915																							
	5. POSITION 9161		6. LAST NAME SCHMID		7. FIRST NAME STEVE A		8. STAR NO. 3625		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 508		13. WT. 175																
	14. DATE OF APPT. 29-AUG-2005		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0924R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																						
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WHI		25. D.O.B. [REDACTED]		26. HT. 602		27. WT. 220																		
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>											
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																				
					DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																				
					STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>																				
WEAPON DISCHARGE INCIDENT			MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input checked="" type="checkbox"/>		FIREARM <input type="checkbox"/>																				
					VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____																				
					ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																						
CASE INFO.					WRESTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																										
					ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																										
					PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																										
SIGNATURES					CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																										
					OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____																										
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																		40. ADDITIONAL INFORMATION [REDACTED]															
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR											
45. MAKE/MANUFACTURER [REDACTED]																		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]											
49. TASER DART ID NO. [REDACTED]																		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]									
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]																		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]									
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____															
70. EVENT NO. [REDACTED]																																	
71. R.D. NO. [REDACTED]																																	
72. CASE INFO.																																	
73. REPORTING MEMBER (Print Name) SCHMID, STEVE A																		STAR/EMPLOYEE NO. 3625		SIGNATURE [REDACTED]													
21-JUL-2015 06:46:31																																	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																	
74. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T																		STAR NO. 2312		SIGNATURE [REDACTED]		DATE REVIEWED 21-JUL-2015 06:49:29		TIME 21-JUL-2015 06:49:29									

36. CHARGES PLACED

520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3-A-1, 720 ILCS 5.0/12-3-A-1, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/19-3-A

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender being treated at [REDACTED]

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-JUL-2015 07:08:28

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 21-JUL-2015		TIME 03:09:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 092		4. BEAT/OCCUR 0915										
	5. POSITION 9161		6. LAST NAME BARWARI		7. FIRST NAME HORMIZ		8. STAR NO. 11242		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 507		13. WT. 150			
	14. DATE OF APPT. 30-NOV-2012			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0924R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WHI		25. D.O.B. [REDACTED]		26. HT. 602		27. WT. 220					
	30. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	33. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						34. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		35. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>											
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____											
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>													
CASE INFO.	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION PO APPLIED EMERGENCY HANDCUFFING																	
	POSITION		STAR NO.		UNIT															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS													
SIGNATURES	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
SIGNATURES	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
SIGNATURES	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																	
	72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
SIGNATURES	73. REPORTING MEMBER (Print Name) BARWARI, HORMIZ		STAR/EMPLOYEE NO. 11242		SIGNATURE [REDACTED]															
	74. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T		STAR NO. 2312		SIGNATURE [REDACTED]		DATE REVIEWED 21-JUL-2015 06:50:00		TIME 21-JUL-2015 06:50:00											
	75. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			

36. CHARGES PLACED

520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3-A-1, 720 ILCS 5.0/12-3-A-1, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/19-3-A

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender being treated at [REDACTED]

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-JUL-2015 07:05:14

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) SCHMID, STEVE A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 3625		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 29-AUG-2005		LOCATION CODE 092-ALLEY	
EMPLOYEE NO. [REDACTED]		BEAT OF OCCURRENCE 0915	
UNIT OF ASSIGNMENT 009		DATE OF OCCURRENCE 21-JUL-2015	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	TIME 03:09:00	DAY OF WEEK TUESDAY
DOB [REDACTED]		NO. OF OFFICERS BATTERED <u>2</u>	
HEIGHT 508		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
WEIGHT 175		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>3</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN		<input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /SCREWDRIWER/RAN FULL SPEED INTO R/O SCHMID ATTEMPTING TO K	
B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE		C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	
CB NO. [REDACTED]		IR NO.	
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 75 °F	

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
SCHMID, STEVE A	3625	JEROME, DON J	307


EVIDENCE SYNC
TASER Information

Serial X30001H16
Model TASER X2
Firmware Version Rev. 03.045
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 21 Jul 2015 07:24:11

Dates from : Tue Jul 21 00:00:00 2015 to : Tue Jul 21 08:00:00 2015
Device (X2)

Seq #	Local Time (DD:MM:YYYY hh:mm:ss)	Event (Event Type)	Cartridge Info (Bay: length in feet/status)	Duration (Seconds)	Temp (Degrees Celsius)	Batt Remaining (%)
2368	21 Jul 2015 03:10:45	Armed	C1: 25' Standard C2: 25' Standard		28	52
2369	21 Jul 2015 03:10:49	Trigger	C1: Deployed	5		52
2370	21 Jul 2015 03:10:51	Trigger	C2: Deployed	5		52
2371	21 Jul 2015 03:10:56	Trigger	C2: Deployed	5		52
2372	21 Jul 2015 03:12:37	Safe	C1: Deployed C2: Deployed	112	32	51
2373	21 Jul 2015 03:57:29	Armed	C1: Empty C2: Empty		27	51
2374	21 Jul 2015 03:57:32	Safe	C1: Empty C2: Empty	3	27	51
2375	21 Jul 2015 07:22:46	USB Connected				
2376	21 Jul 2015 07:21:18	Time Sync	21 Jul 2015 07:23:38 to 21 Jul 2015 07:21:18			


EVIDENCE SYNC
TASER Information

Serial X30001R7A
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 21 Jul 2015 15:28:49

Dates from : Tue Jul 21 00:00:00 2015 to : Tue Jul 21 16:00:00 2015
Device (X2)

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
1792	21 Jul 2015 03:09:38	Armed	C1: 25' Standard C2: 25' Standard		27	85
1793	21 Jul 2015 03:09:47	Trigger	C1: FET Fault	5		85
1794	21 Jul 2015 03:09:49	Trigger	C2: Deployed	5		85
1795	21 Jul 2015 03:09:55	Trigger	C2: Deployed	6		85
1796	21 Jul 2015 03:10:03	Trigger	C2: Deployed	5		84
1797	21 Jul 2015 03:12:36	Arc	C1: FET Fault C2: Deployed	1		84
1798	21 Jul 2015 03:12:49	Safe	C1: FET Fault C2: Deployed	191	35	84
1799	21 Jul 2015 07:27:04	USB Connected				
1800	21 Jul 2015 15:20:39	Armed	C1: Empty C2: Empty		27	84
1801	21 Jul 2015 15:20:40	Safe	C1: Empty C2: Empty	1	27	84
1802	21 Jul 2015 15:21:52	USB Connected				
1803	21 Jul 2015 15:27:19	Time Sync	21 Jul 2015 15:28:54 to 21 Jul 2015 15:27:19			